Parent/Guardian passport

Pre School *Basic *College

LHS COLLEGE

Block 2, Plot 1, Ilo Awela Toll Gate Road Ota,
Plot 134, Opp. NNPC Filling Station Ilo Awela / Toll Gate Road, Ota. Ogun State, Nigeria
Email: Info@lhsschools.com; Lhsmontessorischool@gmail.com
Website: www.lhsschools.com
08083576126, 08171865828, 08028612928, 08037257398.

Student Passport

APPLICATION FOR ADMISSION FORM

Form No: 0454

NOTE: The entire form should be completed by the applicant in Block/Capital letters

DATE OF THIS APPLICATON: D_____ /M _____/ Y_____ CLASS APPLYING FOR _____

1. **STUDENT**

First Name: _____ Middle Name:_____ _____Last name: _____

Call Name: _____ Sex: Male_____ Female_____

Date of Birth: Month_____ Day_____ Year_____ Age _____

Place of Birth: City _____State_____ Country _____

2. **HOME ADDRESS**

House No.: _____Street:_____ Land mark: _____

City: _____ Country: _____Postal Code:_____

3. **MEDICAL INFORMATION**

Any medical defect? Yes _____ No_____

If YES, indicate nature of defect: _____

State common ailment/Allergy/Special Care: _____

Family Hospital/Clinic: _____Card No._____

Address: _____

Doctor's name: _____Phone Nos.:_____

4. **LAST SCHOOL ATTENDED**

Name: _____

Address: _____

Last class attended: _____

Why do you want to change school? _____

_____

5. **PARENTS OR LEGAL GUARDIAN**

Father's First Name: _____Middle Name:_____ Last Name: _____

Call Name: _____Occupation: _____Place of Business: _____Position:_____

Mother's First Name: _____ Middle Name: _____ Last Name: _____

Call Name: _____ Occupation: _____Place of Business: _____Position:_____

If Guardian,

Name: _____ Middle Name:_____ Last Name: _____

Call Name: _____Occupation: _____Place of Business: _____Position:_____

6. **CONTACT INFORMATION**

Father's Cell Phone Nos.: _____E-mail: _____

Mother's Cell phone Nos.: _____E-mail _____

Guardian's Cell phone Nos.: _____ E-mail _____

If parents or guardian named above could not be reached in case of emergency, please call:

Name: _____ Relationship _____ Phone _____

Name: _____ Relationship _____ Phone _____

6. GENERAL INFORMATION

(i) As parents/guardian, why do you want your child to attend LHS School?

_____

_____

_____

(ii) How did you get to know about the school?

Parent	Friend	Radio Advert	Newspaper	Posters
Staff	Fliers	Bill board	Others	Social/media

Important Notice:

1. Please attach a copy of the last school reports and copy of the birthday certificate.
2. Originals of the last school reports and birthday certificate should be brought for sighting when returning the application form.
3. Tuition fee is not transferable or refundable. All payments should be made into the school Keystone bank account
4. Students will only be allowed into the school on resumption for each term with their **TELLERS**

FOR OFFICE USE ONLY

The above named has been admitted into the school with the following particulars:

Date Admitted	Class Admitted	No. in Admission Register

_____ _____

Director's Signature and Date Head of School Signature and Date